

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

1133 Connecticut Avenue, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☒ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M

11

D D D

04

Y Y Y Y Y Y Y Y

2014

in the
State of

K S

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M

D D D

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M

10

D D D

01

Y Y Y Y Y Y Y Y

2014

through

M M M

10

D D D

15

Y Y Y Y Y Y Y Y

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Hugh M Taylor MD

Signature of Treasurer

Hugh M Taylor MD

[Electronically Filed]

Date

M M M

10

D D D

23

Y Y Y Y Y Y Y Y

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y Y 10 / 15 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		408793.60
(b) Cash on Hand at Beginning of Reporting Period.....	378679.63	
(c) Total Receipts (from Line 19)	20161.17	368849.93
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	398840.80	777643.53
7. Total Disbursements (from Line 31)	32861.46	411664.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	365979.34	365979.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2014

To:

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

10691.58

237159.65

(ii) Unitemized

9017.50

118164.53

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

19709.08

355324.18

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

19709.08

355324.18

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

452.09

6025.75

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

7500.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

20161.17

368849.93

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

20161.17

368849.93

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	361.46	6022.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	361.46	6022.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	380500.00
24. Independent Expenditures (use Schedule E)	25000.00	25000.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	141.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	141.25
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	32861.46	411664.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32861.46	411664.19

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	19709.08	355324.18
34. Total Contribution Refunds (from Line 28(d))	0.00	141.25
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19709.08	355182.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	361.46	6022.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	452.09	6025.75
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-90.63	-2.81

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Biron D Baker MD

Mailing Address 923 Chambly Ave

City

Bismarck

State

ND

Zip Code

58503-5514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2014

Transaction ID : C2851409

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Frederic Baker MD

Mailing Address 32 Mark Cir

City

Holden

State

MA

Zip Code

01520-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMMHC

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2014

Transaction ID : C2839772

Amount of Each Receipt this Period

43.00

Full Name (Last, First, Middle Initial)

C. Steve Bartz Md Bartz MD

Mailing Address 1939 Pine Ridge Dr

City

Janesville

State

WI

Zip Code

53545-0777

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Health System

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2014

Transaction ID : C2838988

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

908.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cindy Lee Behrens MD

Mailing Address 2121 Windermere Cir

City

Pensacola

State

FL

Zip Code

32503-5872

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sacred Heart Urgent Care

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2014

Transaction ID : C2842219

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Luis Manuel Benavides MD

Mailing Address 506 Gale St

City

Laredo

State

TX

Zip Code

78041-6003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2014

Transaction ID : C2842186

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Catherine A Bishop MD

Mailing Address 26 Applewood Dr

City

Chillicothe

State

OH

Zip Code

45601-1903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2014

Transaction ID : C2842255

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Reid B Blackwelder MD

Mailing Address 4407 Leedy Rd

City
Kingsport

State
TN

Zip Code
37664-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

ETSU

Occupation

Professor, Family Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

10 / 14 / 2014

Transaction ID : C2851368

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Brian K Crownover MD

Mailing Address 4811 N Mountain View Dr

City
Boise

State
ID

Zip Code
83704-3046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Treasure Valley Family Medicine

Occupation

owner physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 06 / 2014

Transaction ID : C2839848

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Jenny Griffin

Mailing Address 2750 S Campbell Ave

City
Springfield

State
MO

Zip Code
65807-3506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 14 / 2014

Transaction ID : C2851417

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

830.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 24
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Allan Gross MD

Mailing Address 506 15th Ave NE

City

Saint Petersburg

State

FL

Zip Code

33704-4707

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Anthony's Primary Care

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

10 / 09 / 2014

Transaction ID : C2843428

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Boyde Jerome Harrison MD

Mailing Address 904 26th St

City

Haleyville

State

AL

Zip Code

35565-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

10 / 07 / 2014

Transaction ID : C2841875

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

C. Daniel J Heinemann MD

Mailing Address 1305 W 18th St

City

Sioux Falls

State

SD

Zip Code

57105-0401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sioux Valley Health Systems

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 06 / 2014

Transaction ID : C2839769

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

314.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Standish Hoskins MD

Mailing Address PO Box 2200

City

Minden

State

NV

Zip Code

89423-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 03 / 2014

Transaction ID : C2838562

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. George Raymond Ikeler MD

Mailing Address 31450 Church St
Ste 1

City

Sorrento

State

FL

Zip Code

32776-9594

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 08 / 2014

Transaction ID : C2842199

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jessica Johnson

Mailing Address 5933 SW Hood Ave

City

Portland

State

OR

Zip Code

97239-3718

FEC ID number of contributing
federal political committee.

C

Name of Employer

OHSU

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

10 / 09 / 2014

Transaction ID : C2843427

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

565.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sohaib Azam Khalid

Mailing Address 19133 Pine Ledge Dr

City

Brownstown

State

MI

Zip Code

48193-7588

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2014

Transaction ID : C2851390

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Karen Eileen Lien MD

Mailing Address 15 5th St

City

Havre

State

MT

Zip Code

59501-3925

FEC ID number of contributing
federal political committee.

C

Name of Employer

NMMC

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2014

Transaction ID : C2842197

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

c. Christopher M Mahr MD

Mailing Address 3085 Firestone Ct

City

Sumter

State

SC

Zip Code

29150-7075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Colonial Family Practice

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2014

Transaction ID : C2837450

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

780.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Douglas Wayne Martin MD

Mailing Address 4230 War Eagle Dr

City

Sioux City

State

IA

Zip Code

51109-1700

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Lukes Regional Medical Center

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

10 / 06 / 2014

Transaction ID : C2842162

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Kevin B Martin MD

Mailing Address 2903 219th Ave E

City

Lake Tapps

State

WA

Zip Code

98391-5634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Life Care Physician Services

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2014

Transaction ID : C2851367

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Barbara A Matthews MD

Mailing Address 15 Arbor Way Dr

City

Decatur

State

GA

Zip Code

30030-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 08 / 2014

Transaction ID : C2842229

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory P McCue MD

Mailing Address 216 Road 6NS

City

State

Zip Code

Cody

WY

82414-8824

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Billings Clinic

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2014

Transaction ID : C2842221

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

State

Zip Code

Brent

AL

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2014

Transaction ID : C2842192

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Johanna Meyer-Mitchell MD

Mailing Address 2700 Grant St Ste 200

City

State

Zip Code

Concord

CA

94520-2270

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Muir/Diablo Primary Care

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2014

Transaction ID : C2856376

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

465.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lloyd Michener MD

Mailing Address Box 2914 DUMC

City

Durham

State

NC

Zip Code

27710-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duke University

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2014

Transaction ID : C2842194

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kathleen J Miller MD

Mailing Address 9 Oak Ridge Dr

City

Decatur

State

IL

Zip Code

62521-4661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2014

Transaction ID : C2842187

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dale C Moquist MD

Mailing Address 4318 Lake Walk Ct

City

Missouri City

State

TX

Zip Code

77459-3268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

916.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 09 / 2014

Transaction ID : C2843426

Amount of Each Receipt this Period

916.66

SUBTOTAL of Receipts This Page (optional)..... ►

1456.66

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Susan Murphey MD

Mailing Address 151 Eastbrook Dr

City

Boone

State

NC

Zip Code

28607-3667

FEC ID number of contributing
federal political committee.

C

Name of Employer

VA

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

Transaction ID : C2845594

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jaime Gabriel Oakley MD

Mailing Address 1225 E Weisgarber Rd

Summit Medical Group, PLLC

City

Knoxville

State

TN

Zip Code

37909-2604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Summit Medical Group, PLLC

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 14 / 2014

Transaction ID : C2856377

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Wilson D Pace MD

Mailing Address 7804 E Colgate Pl

City

Denver

State

CO

Zip Code

80231-4130

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 06 / 2014

Transaction ID : C2842168

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 24

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen D Richards DO

Mailing Address 404 E Kennedy St

City

Algona

State

IA

Zip Code

50511-3448

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2014

Transaction ID : C2856381

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Vincent Vincent Savath Savath

Mailing Address 1829 Foxtail Cir

City

Altus

State

OK

Zip Code

73521-4050

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2014

Transaction ID : C2856382

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Linda Marie Siy MD

Mailing Address 4133 Bilglade Rd

City

Fort Worth

State

TX

Zip Code

76109-5436

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of North Texas Health Scien

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2014

Transaction ID : C2838561

Amount of Each Receipt this Period

30.50

SUBTOTAL of Receipts This Page (optional)..... ►

2580.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tobie-Lynn Smith MD, M.ED

Mailing Address 1114 F St NE

City
Washington

State Zip Code
DC 20002-5382

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.50

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2014

Transaction ID : C2842230

Amount of Each Receipt this Period

40.50

Full Name (Last, First, Middle Initial)

B. Windel A Stracener MD

Mailing Address 1333 Hunters Pointe Dr

City
Richmond

State Zip Code
IN 47374-7184

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 06 / 2014

Transaction ID : C2839773

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

c. Stacy J Taylor MD

Mailing Address 173 E Cotton Hill Rd

City
New Hartford

State Zip Code
CT 06057-3524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 06 / 2014

Transaction ID : C2839770

Amount of Each Receipt this Period

36.50

SUBTOTAL of Receipts This Page (optional)..... ►

277.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cora Lynn Tompkins MD

Mailing Address PO Box 519

City

Whitley City

State

KY

Zip Code

42653-0519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2014

Transaction ID : C2842317

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. S. David Wakulchik MDMailing Address Aultman FMRD
2600 7th St SW

City

Canton

State

OH

Zip Code

44710-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2014

Transaction ID : C2856385

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Richard Andre Wherry MD

Mailing Address 59 Tipton Dr

City

Dahlonega

State

GA

Zip Code

30533-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chestatee Regional Hospital

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 05 / 2014

Transaction ID : C2838998

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

665.00

TOTAL This Period (last page this line number only)..... ►

10691.58

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

6025.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : C2856339

Amount of Each Receipt this Period

452.09

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

452.09

452.09

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 02 2014

Transaction ID : D162017

Amount of Each Disbursement this Period

12.73

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 03 2014

Transaction ID : D162018

Amount of Each Disbursement this Period

4.88

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 06 2014

Transaction ID : D162019

Amount of Each Disbursement this Period

3.25

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20.86

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City State Zip Code
 Phoenix AZ 85072-3852

Purpose of Disbursement
 Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 / 06 / 2014

Transaction ID : D162020

Amount of Each Disbursement this Period

3.25

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City State Zip Code
 Phoenix AZ 85072-3852

Purpose of Disbursement
 Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 / 10 / 2014

Transaction ID : D162021

Amount of Each Disbursement this Period

6.50

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City State Zip Code
 Phoenix AZ 85072-3852

Purpose of Disbursement
 Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 / 14 / 2014

Transaction ID : D162505

Amount of Each Disbursement this Period

6.41

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

16.16

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 14 2014

Transaction ID : D162506

Amount of Each Disbursement this Period

2.73

Full Name (Last, First, Middle Initial)

B. Bank Of America Merchant ServicesMailing Address WA2-505-01-40
PO Box 2485
City State Zip Code
Spokane WA 99210-2485
Purpose of Disbursement
Wire transfer fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 14 2014

Transaction ID : D162507

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. Bank Of America Merchant ServicesMailing Address WA2-505-01-40
PO Box 2485
City State Zip Code
Spokane WA 99210-2485
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 02 2014

Transaction ID : D162022

Amount of Each Disbursement this Period

296.71

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

324.44

361.46

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. BUCK FOR COLORADO

Mailing Address PO Box 338018

City
GreeleyState
COZip Code
80633-0634Purpose of Disbursement
Campaign contribution

Candidate Name

Mr. Kenneth R BuckOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CO District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		13		2014

Transaction ID : D162073

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PAT MURPHY FOR IOWA

Mailing Address PO Box 692

City
DubuqueState
IAZip Code
52004-0692Purpose of Disbursement
Campaign contribution

Candidate Name

M r. Patrick J MurphyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		13		2014

Transaction ID : D162074

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MIKULSKI FOR SENATE COMMITTEE

Mailing Address PO BOX 13147

City
BALTIMOREState
MDZip Code
21203Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Barbara A. MikulskiOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		13		2014

Transaction ID : D162075

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

7500.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 24 OF 24
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

FEC IDENTIFICATION NUMBER ▼

C

C00411553

Check if ☐ 24-hour report ☐ 48-hour report☐ New report ☐ Amends report filed onM M / D D / Y Y Y Y Y Y
10 / 15 / 2014Full Name of Payee
Buying Time, LLC

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y
10 / 15 / 2014Mailing Address
650 Massachusetts Ave NW
Ste 210

Amount

25000.00

City State Zip Code
Washington DC 20001-3728

Transaction ID : D162091

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
10 / 15 / 2014Purpose of Expenditure
Independent expenditure - radioCategory/
Type 011

Name of Federal Candidate

☒ Support

Office Sought:

☒ House

District: 36

Rep. Raul Ruiz

☐ Oppose☐ President☐ Senate

State: CA

Calendar Year-To-Date
Per Election for Office Sought

25000.00

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶

Full Name of Payee

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y

Mailing Address

Amount

City State Zip Code

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y

Purpose of Expenditure

Category/
Type

Name of Federal Candidate

☐ Support

Office Sought:

☐ House

District: _____

☐ Oppose☐ President☐ Senate

State: _____

Calendar Year-To-Date
Per Election for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

25000.00

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

25000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hugh M Taylor MD

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 23 / 2014

Signature